

CLINICAL DECISION-MAKING: *Deciding for Others*

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Medical Ethics & Humanities Series
Contra Costa Regional Medical Center





OBJECTIVES

Through interactive discussion and case studies participants will be able to ...

- Describe the clinical assessment of decision-making capacity.
- Understand the process of surrogate decision-making, including “who” should decide and “on what basis” decisions should be made.
- Identify the different types of advance directives and appreciate the strengths and weaknesses of each.
- Recognize the role for POLST forms.



CASE STUDY

A 72 year-old man with multiple medical problems – including mild dementia, hypertension, CHF, and insulin-dependent diabetes with blindness and bilateral BKAs – is brought in from home with new hemiparesis, cough and fever.

How should we make a decision as to whether intubation should be undertaken in the event that his respiratory status deteriorates?

ALGORITHM FOR PROCESS OF SURROGATE DECISION-MAKING

DMC ?



WHO ?

1. Court appointed
2. Advance directive (PD)
3. Relation/Moral intimacy

HOW ?

- 1) Advance directive (ID)
- 2) 'Substituted judgment'
- 3) 'Best interest'

“Shared decision-making”

CASE STUDY

A 32 year-old man is in a permanent vegetative state following traumatic cardiac arrest with prolonged hypoxia. He has a valid advance directive naming his mother as proxy and explicitly stating he would not want to be kept alive with artificial nutrition and hydration should he ever be in a PVS. His mother understands his wishes, but states that, as his mother, she could never authorize discontinuation of life-sustaining fluid and nutrition. After an initial meeting, she has refused to meet further with the team and does not respond to phone messages.

Must the team follow her decision to continue ANH?

Criteria for Morally Licit Proxy

Ready

Willing

Able

Without major, operative conflict-of-interest

Without major, operative 'psychological antipathy'



CASE STUDY

A patient is admitted following trauma, including head injury with resulting altered mental status. He is confused, disoriented and unable to understand his situation. He resists all medical interventions, thrashes, and says, "Let me go. I want to leave." He has a chest injury requiring emergent chest tube placement. There is no family or other appropriate surrogate immediately available.

Should the patient be allowed to leave the hospital or should he be placed on a 5150 hold?

Will you place the chest tube without the patient's consent?

CASE STUDY

A patient is brought to the ED from an extended care facility with fever, cough, and somnolence. The patient does not respond to questions and is in respiratory distress. No family or proxy is immediately available. The EMTs show you a bright pink POLST sheet.

What is this form?

How does it differ from an advance directive?

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY



EMSA #111 B
(Effective 1/1/2009)

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name

First /Middle Name

Date of Birth

Date Form Prepared

A

Check
One

CARDIOPULMONARY RESUSCITATION (CPR): *Person has no pulse and is not breathing.*

☐ Attempt Resuscitation/CPR ☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)
(Section B: Full Treatment required)

When not in cardiopulmonary arrest, follow orders in **B** and **C**.

B

Check
One

MEDICAL INTERVENTIONS: *Person has pulse and/or is breathing.*

- ☐ **Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. **Transfer if comfort needs cannot be met in current location.**
- ☐ **Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
- ☐ **Do Not Transfer to hospital for medical interventions.** Transfer if comfort needs cannot be met in current location.
- ☐ **Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. **Transfer to hospital if indicated.** Includes intensive care.

Additional Orders: _____

C

Check
One

ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

- ☐ No artificial nutrition by tube. ☐ Defined trial period of artificial nutrition by tube.
- ☐ Long-term artificial nutrition by tube.

Additional Orders: _____

D

SIGNATURES AND SUMMARY OF MEDICAL CONDITION:

Discussed with:

- ☐ Patient ☐ Health Care Decisionmaker ☐ Parent of Minor ☐ Court Appointed Conservator ☐ Other:

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name

Physician Phone Number

Date

Physician Signature (required)

Physician License #

Signature of Patient, Decisionmaker, Parent of Minor or Conservator

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (required)

Name (print)

Relationship (write self if patient)

Summary of Medical Condition

Office Use Only

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED



CASE STUDY

A 4 year-old boy adamantly refuses stitching of a scalp laceration despite all efforts to convince him.

What will you do?



CASE STUDY

A 12 year-old girl with advanced cancer refuses a fourth round of chemotherapy. The treatment offers no realistic hope of cure but could potentially extend the patient's life by several months. The parents want the treatment.

What will you do?

Criteria for Morally Licit Forcing of Treatment

- Patient lacks decisional capacity.
- Work closely with surrogates.
- Consider alternatives.
- Consider patient resistance in benefit/burden calculus.
- Explain to patient why actions are taken.
- Strive for patient's assent.
- Minimize restraints and interventions to extent consistent with quality of care.

CONTROVERSIES

Authenticity and durability of advance directives.
Physician recommendations.
Physiologic markers of decisional capacity.



ALTERNATIVE PARADIGMS

Trust Model

Narrative Model

Justice Model

Beneficence Model